

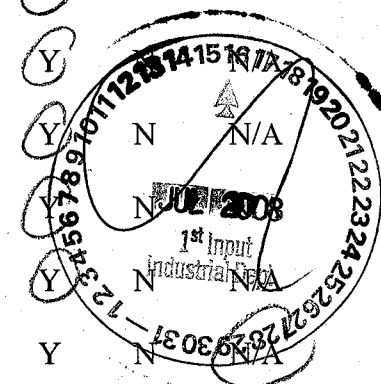
## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

## CRAFT TEXTILE

27220136-outlets 1 &amp; 2

## 1. MONTH OF MAY 1, 2008 THRU MAY 31, 2008

- |  |                                    |                                    |                                      |
|--|------------------------------------|------------------------------------|--------------------------------------|
| 2. Is Outlet # (8 digit) Correct?  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 3. Is average Total flow-gal.day stated in space provided?                     | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 4. Is max. Total flow-gal day stated in space provided?                        | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 5. Is method used to calculate water stated?                                   | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 6. Are number of working days stated?  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 7. Are there any parameters which have exceeded PVSC Local Limits?             | Y                                  | <input checked="" type="radio"/> N | N/A                                  |
| 8. Is proper compliance/non-compliance statement provided?                     | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 9. Have correct number of samples been submitted?                              | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 10. Has PHC result been listed on MR-1 report?                                 | Y                                  | N                                  | <input checked="" type="radio"/> N/A |
| 11. Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 12. Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 13. Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 14. Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 15. Has NJDEPE certified lab been used?  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 16. Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 17. Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y |                                    |                                      |
| 18. Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 19. Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 20. Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 21. Remove Arsenic from report if sampling not required                        | Y                                  | N                                  | N/A                                  |



c. j. m.

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

Craft Textile

27220136

First Reviewer: comments on deficiencies completeDate Reviewed 7/9/08 Date sent to user \_\_\_\_\_Date due back \_\_\_\_\_ Reviewer C.J.M.Second review comments on deficiencies  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

## PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.  
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761  
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501  
 Category & Subpart: 9999 OUTLET # 1  
 Contact Official: H.R. Casparian Telephone # 973-278-3818  
 New Customer ID/Outlet ID: 27220136-1 Old Outlet Designation: 27400061



## MONITORING PERIOD

START	END
5/1/2008	5/31/2008
m/d/yr	m/d/yr

Regulated Flow(gal/day)  
 Total Flow (gal/day)

Average Maximum  
 N/A  
 27624 30386

Method Used:

Gallons in less 5% evap. divided by  
 production days in month (12)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.345 ✓		mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.137 ✓		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Sample Measurement					
	Permit Requirement					

PVSC Form MR-1 Rev: 4 6/87 P1



Certification of Non-Use if applicable ( use additional sheets)

N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits: ZN , CU

> Local Limits: N/A

< Threshold Values ZN

> Threshold Values: CU

Craft Textile Printing Co., Inc., is in compliance with local limits.

Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

Signature of Principal

H.R. Casparian  
executive or authorized agent

H.R. Casparian-President

Name-Title

6/2/2008

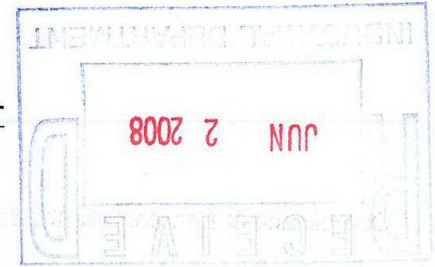
Date

PVSC Form MR-1 Rev: 5 3/91 P2



## PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.  
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761  
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501  
 Category & Subpart: 9999 OUTLET # 2  
 Contact Official: H.R. Casparian Telephone # 973-278-3818  
 New Customer ID/Outlet ID: 27220136-2 Old Outlet Designation: 27400062



## MONITORING PERIOD

START	END
5/1/2008	5/31/2008
m/d/yr	m/d/yr

Average Maximum  
 Regulated Flow(gal/day) N/A  
 Total Flow (gal/day) 18540 20394

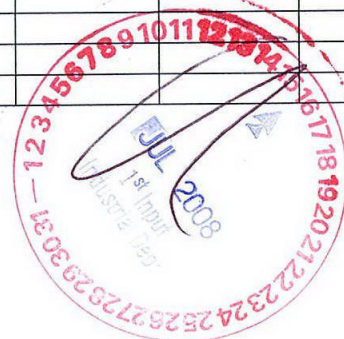
Method Used:

Gallons in less 5% evap. divided by  
 production days in month (12)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.0512 ✓		mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.0078		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
Lead	Sample Measurement	0.0036		mg/l	1	Comp
	Permit Requirement	.029/54		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Permit Requirement					

PVSC Form MR-1 Rev: 4 6/87 P1



Certification of Non-Use if applicable ( use additional sheets)  
N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits: ZN , CU , PB                      > Local Limits: N/A  
< Threshold Values ZN , CU , PB                      > Threshold Values: N/A  
Craft Textile Printing Co., Inc., is in compliance with local limits.

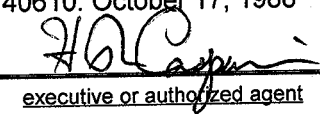
Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal

  
executive or authorized agent

H.R. Casparian-President

Name-Title

6/2/2008

Date

PVSC Form MR-1 Rev: 5 3/91 P2



284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

## Report of Analysis

Client: Craft Textile Printing

Date Collected: 5/6/2008

Project: Permit Renewal 2008

Date Received: 5/6/2008

Client Sample ID: OUTLET-1

SDG No.: Z2720

Lab Sample ID: Z2720-01

Matrix: WATER

% Solids: 0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	137		ug/L	2.4	1	5/6/2008	5/8/2008	EPA SW-846 200.7
7440-66-6	Zinc	345		ug/L	4.8	1	5/6/2008	5/8/2008	EPA SW-846 200.7

Comments:

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U = Not Detected

DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value

B = Analyte Found In Associated Method Blank

N = Spiked sample recovery not within control li



284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

## Report of Analysis

Client: Craft Textile Printing

Date Collected: 5/6/2008

Project: Permit Renewal 2008

Date Received: 5/6/2008

Client Sample ID: OUTLET-2

SDG No.: Z2720

Lab Sample ID: Z2720-02

Matrix: WATER

% Solids: 0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	7.8	J	ug/L	2.4	1	5/6/2008	5/8/2008	EPA SW-846 200.7
7439-92-1	Lead	3.6	U	ug/L	3.6	1	5/6/2008	5/8/2008	EPA SW-846 200.7
7440-66-6	Zinc	51.2		ug/L	4.8	1	5/6/2008	5/8/2008	EPA SW-846 200.7

Comments:

U = Not Detected  
DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value  
B = Analyte Found In Associated Method Blank  
N = Spiked sample recovery not within control li



### CHAIN OF CUSTODY RECORD

284 Sheffield Street, Mountainside, NJ 07092  
(908) 789-8900 Fax (908) 789-8922  
[www.chemtech.net](http://www.chemtech.net)

CHEMTECH PROJECT NO.	QUOTE NO.	COC Number
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070934

CLIENT INFORMATION				CLIENT PROJECT INFORMATION				CLIENT BILLING INFORMATION											
<b>COMPANY:</b> CRAFT TEXTILE RUNNING CO., INC. <b>ADDRESS:</b> P.O. Box 2761 <b>CITY:</b> PATERSON <b>STATE:</b> NJ <b>ZIP:</b> 07509 <b>ATTENTION:</b> H.R. CASPARIAN <b>PHONE:</b> 973-278-3818 <b>FAX:</b> 973-523-8677				<b>PROJECT NAME:</b> <b>PROJECT NO.:</b> <b>PROJECT MANAGER:</b> <b>e-mail:</b> <b>PHONE:</b> <b>FAX:</b>				<b>BILL TO:</b> <b>PO#:</b> <b>ADDRESS:</b> <b>CITY:</b> <b>STATE:</b> <b>ZIP:</b> <b>ATTENTION:</b> <b>PHONE:</b>											
<b>DATA TURNAROUND INFORMATION</b> <b>FAX:</b> <b>DAYS:</b> <b>HARD COPY:</b> <b>DAYS:</b> <b>EDD:</b> <b>DAYS:</b> <b>PREAPPROVED TAT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS</b>				<b>DATA DELIVERABLE INFORMATION</b> <input type="checkbox"/> RESULTS ONLY <input type="checkbox"/> USEPA CLP <input type="checkbox"/> RESULTS + QC <input type="checkbox"/> New York State ASP "B" <input type="checkbox"/> New Jersey REDUCED <input type="checkbox"/> New York State ASP "A" <input type="checkbox"/> New Jersey CLP <input type="checkbox"/> Other <input type="checkbox"/> EDD FORMAT				<b>ANALYSIS</b> <div style="text-align: center;">             BOP-T-53              METAL-32              METAL-31              METAL-30              METAL-29              METAL-28              METAL-27              METAL-26              METAL-25              METAL-24              METAL-23              METAL-22              METAL-21              METAL-20              METAL-19              METAL-18              METAL-17              METAL-16              METAL-15              METAL-14              METAL-13              METAL-12              METAL-11              METAL-10              METAL-9              METAL-8              METAL-7              METAL-6              METAL-5              METAL-4              METAL-3              METAL-2              METAL-1           </div>											
CHEMTECH SAMPLE ID		PROJECT IDENTIFICATION		SAMPLE MATRIX		SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES		PRESERVATIVES				COMMENTS			
1.	OUTLET #1			X	5/6/08	7AM				2									
2.	OUTLET #2			X	5/6/08	7AM				2									
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY			
RELINQUISHED BY: <b>H.R. Casparian</b>	DATE/TIME: <b>5/6/08 Noon</b>	RECEIVED BY: <b>[Signature]</b>	DATE/TIME: <b>5/6/08 Noon</b>
RELINQUISHED BY: <b>[Signature]</b>	DATE/TIME: <b>5/6/08</b>	RECEIVED BY: <b>[Signature]</b>	DATE/TIME: <b>5/6/08</b>
RELINQUISHED BY: <b>[Signature]</b>	DATE/TIME: <b>12:23</b>	RECEIVED BY: <b>[Signature]</b>	DATE/TIME: <b>5/6/08</b>

<b>CONDITIONS OF BOTTLES OR COOLERS AT RECEIPT:</b> <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant <b>MeOH extraction requires an additional 4 oz./jar for percent solid.</b> <b>Comments:</b>	<b>COOLER TEMP.</b> <b>ICE IN COOLER?</b>
<b>SHIPPED VIA:</b> <input type="checkbox"/> HAND DELIVERED <input type="checkbox"/> OVERNIGHT <b>CHEMTECH:</b> <input checked="" type="checkbox"/> PICKED UP <input type="checkbox"/> OVERNIGHT	<b>SHIPMENT COMPLETE:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

# NOT DOWN BOX

## NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

NAME: CRAFT TEXTILE

MAILING ADDRESS: \_\_\_\_\_

FACILITY LOCATION: \_\_\_\_\_

CATEGORY & SUBPART \_\_\_\_\_ PERMIT # \_\_\_\_\_ OUTLET #: 27220136-2

CONTACT OFFICIAL: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

I have been authorized to certify non-use for the following heavy metals:

Asenic _____	Lead <input checked="" type="checkbox"/>	Zinc _____	SAMPLE DATE			
Antimony _____	Mercury _____		MONTH	DAY	YEAR	
Chromium _____	Molybdenum _____		5	06	08	
Copper <input checked="" type="checkbox"/>	Nickel _____					

PARAMETER	6	CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
COPPER	Sample Measurement	0.0078	n	mg/l	Comp.
	Threshold Value	0.092		1	
LEAD	Sample Measurement	0.0036	n	mg/L	comp.
	Threshold Value	0.029		1	
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
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PVSC Form MR-3 10/96